

	PTO/SB/03 (4/98)			
	Attorney Docket Number	Total Pages:		
UTILITY	G418	2		
PATENT APPLICATION	First Named Inventor or Application Identifier:			
TRANSMITTAL	David D. Griner			
(Only for new non-provisional applications under 37 CFR 153(b))	Title:			
(Only for new non-provisional applications under 37 CFR 133(0))	System and Method of Creating Digital			
	Recordings of Live I	Performances		
	Express Mail Label No.:			
	ET609769485US			
APPLICATION ELEMENTS		oner for Patents		
See MPEP chapter 600 concerning utility patent application contents.		t Application on, D C 20231		
Fee Transmittal Form, (see below)	7 Assignment pages	rs (cover sheet & document(s))		

6. \_\_\_ Microfiche Computer Program (Appendix)

7Assignment papers (cover sheet & document(s))
8 CFR 3.73(b) Statement (when there is an assignee)
Power of Attorney
9 English Translation Document (if applicable)
10 Information Disclosure Statement.
Copies of IDS citations
11 Preliminary Amendment
12 . X Return Receipt Postcard. (MPEP 503) (should be specifically itemized.)
13 Small Entity Statement(s).
14 Certified Copy of Priority Document(s) (if foreign priority is claimed.)
15 Non Publication Request under 35 USC 122(b)(2)(B)(i)
16Other:

## **CERTIFICATE OF EXPRESS MAIL**

I hereby certify that this paper or fee is being deposited with the United States Postal Service via Express Mail Post Office to Addressee," Mailing Label No. ET609769485US, under 37 CFR 1.10, on the 26th day of September, 2001, and is addressed to the Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231.

By: Kathleen Scherinbery

Kathleen Scheinberg

Attorney Docket No.: G418

16. <b>If a Continuing Application:</b> (check appropriate box and supply the requisite information:  Continuation Divisional Continuation-in-part of prior application No.:						
-						
Prior application Information: Examiner	Group/Art Unit					
Correspondence Address:  _ Customer Number or Bar Code Label:	Correspondence Address: David D. Griner 11106 Oak Knoll Drive Austin, TX 78759 Telephone: (512) 219-5712					

FILING FEE CALCULATION FORM							
Entity	Basic Filing Fee	Each Independent Claim in Excess of 3	Each Claim in Excess of 20	Multiple Dependent Claim Fee	Total		
Small	\$355	x \$40=	x \$9 =	x \$135=			
Other	\$710	x \$80 = <u>\$</u>	_ x \$18 = <u>\$</u>	x \$270 =			

Check enclosed in the amount of <u>\$</u> for the filing fee.	
Check enclosed in the amount of \$ for the Assignment Recordation Fee, Fee code 581	
Please charge my Deposit Account No in the total amount of the filing fee and the assignment recording fee, if any, under order no	ıg
The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 501635. A duplicate copy of this authorization is attached	

Date: 26 Sept. 200)

Respectfully submitted,

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